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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	60246-246; 10,756
	First Named Inventor	Dobmeier, Thomas J.
	COMPLETE IF KNOWN	
	Application Number	/ Herewith
	Filing Date	Herewith
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROL OF MULTI-CIRCUIT ECONOMIZED SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label **026096** OR ☐ Correspondence address belowName **THEODORE W. OLDS**Address **400 W. Maple Road**Address **Suite 350**City **Birmingham**State **Michigan**ZIP **48009**Country **United States**Telephone **(248) 988-8360**Fax **(248) 988-8363**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventionGiven Name **Thomas J.**
(first and middle (if any))Family Name **DOBMEIER**
or SurnameInventor's
Signature Date **2/10/2004**Residence: City **Phoenix**State **NY**Country **US**Citizenship **US**Mailing Address **9109 Frenchmans Creek Drive**

Mailing Address

City **Phoenix**State **NY**ZIP **13135**Country **US**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventionGiven Name **Michael F.**
(first and middle (if any))Family Name **TARAS**
or SurnameInventor's
Signature Date **02/10/2004**Residence: City **Fayetteville**State **NY**Country **US**Citizenship **US**Mailing Address **5424 Springview Drive**

Mailing Address

City **Fayetteville**State **NY**ZIP **13066**Country **US**☒ Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)

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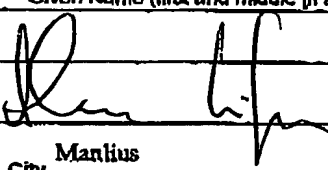
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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Alexander		LIFSON	
Inventor's Signature 		Date Feb. 10/2004	
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
		ZIP	
		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Mailing Address			
Mailing Address			
City		State	
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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
Theodore W. Olds	33,080	All attorneys associated with Customer Number 30956	
John E. Carlson	37,794		
David J. Gaskey	37,139		
Kerrie A. Laba	42,777		
William S. Gottschalk	44,130		
David L. Wisz	46,350		
Karin H. Butchko	45,864		
John M. Siragusa	46,174		
Anthony P. Cho	47,209		
Anna M. Shih	36,372		

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